

**Communicable Disease Epidemiology
and Immunization Section**

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**Health Advisory: *Prevention Strategies for Seasonal Influenza in Healthcare Settings* –
21 September 2010**

Action requested: CDC has issued updated guidance for the 2010-11 influenza season (including infection control). **Please review the complete document at**
www.cdc.gov/flu/professionals/infectioncontrol/

Background: The guidance includes additional info on specific recommendations, including:

- **Promote and administer seasonal influenza vaccine to all healthcare personnel (HCP)**
- **Minimize potential exposures both before patient arrival (when scheduling appointments) and upon entry to the health care setting.**
- **Monitor and manage ill healthcare personnel**
- **Adhere to appropriate infection control measures**
 - Standard precautions at all times.
 - Droplet precautions for suspected or confirmed cases for 7 days after illness onset or 24 hours after resolution of fever & respiratory symptoms, whichever is longer, while a patient is in a healthcare facility.
 - HCP should don a facemask when entering the room of a patient with suspected or confirmed influenza.
- **Use caution when performing aerosol-generating procedures**
 - Precautions for aerosol-generating procedures include:
 - Conduct the procedures in an airborne infection isolation room (AIIR) when feasible.
 - Consider portable HEPA filtration units to further reduce the concentration of contaminants in the air.
 - HCP should wear respiratory protection equivalent to a fitted N95 filtering facepiece respirator or equivalent N95 respirator (e.g., PAPR, elastomeric) during aerosol-generating procedures.
 - Unprotected HCP should not be allowed in a room where an aerosol-generating procedure has been conducted until sufficient time has elapsed to remove potentially infectious particles.
- **Conduct environmental surface cleaning following procedures**
- **Manage visitor access and movement within the facility**
- **Monitor influenza activity in the facility and the community (see www.kingcounty.gov/health/flu)**
- **Implement environmental and engineering controls**
- **Train and educate HCP about influenza and its prevention**
- **Administer antiviral treatment and chemoprophylaxis of patients and healthcare personnel when appropriate (updated CDC guidance on use of antiviral is expected shortly)**

Considerations for healthcare personnel at higher risk for complications of influenza

HCP at higher risk for complications from influenza infection include pregnant women and women up to 2 weeks postpartum, persons 65 years old and older, and persons with chronic diseases such as asthma, heart disease, diabetes, diseases that suppress the immune system, certain other chronic medical conditions, and morbid obesity. Vaccination and early treatment with antiviral medications are very important for HCP at higher risk for influenza complications because they can decrease the risk of hospitalizations and deaths.

Work accommodations to avoid potentially high-risk exposure scenarios, such as performing or assisting with aerosol-generating procedures on patients with suspected or confirmed influenza, may be considered in some settings, particularly for HCP with more severe or unstable underlying disease.

For more information see:

CDC's flu info for healthcare professionals at <http://www.cdc.gov/flu/professionals/index.htm>

Public Health's influenza web page at www.kingcounty.gov/health/flu